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# REPORT

OF THE



## Medical Officer of Health

TO THE

GARSTANG UNION


RURAL DISTRICT COUNCIL

For the Year 1907.



GARSTANG :

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# Garstang Rural District Council.

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Gentlemen,

I beg to present you with my twenty-fifth Annual Report, which, on the whole, is of a very satisfactory character, shewing general sanitary improvements throughout your district, and greater realisation of those important points which conduce to the elimination of disease, and establishing of a healthy community.

The longer we live and the more we see of disease in its various forms, much more do we realise the importance of prevention rather than cure. If preventable disease could be eliminated from our midst and the public health administration be so perfected to this end, then the profession to which I belong would find little to do, and as a livelihood such would, to a large extent, become a financial failure.

Yet your work as a Public Health Body, and mine as your Medical Officer, is conjointly directed to the prevention of disease, saving of life and human suffering, and surely a more noble work can hardly be undertaken by a combined number of individuals or singly.

There can be no doubt that the more perfected public health administration is, the less is mortality from disease, with a decrease of suffering and poverty, consequently there follows thrift and a healthy life with all its attendant blessings to those who are brought under its direct influence.

Public Health Administration has sure and definite results for good, and wisely administered, is one of the greatest benefactions to mankind, and one of the best investments which may come across the path of life; for of what use to the community is a man or woman if smitten down by disease of a preventible character such as Tuberculosis?

I feel sure many members of your Council have fully realised the results of your labours. You have witnessed how in many townships under your administration, which have much improved in health, that a disease like typhoid fever, once almost constantly present, does now only exist occasionally.

Again your work has undoubtedly modified to a very large extent Scarlet Fever, the malignant type of this disease as manifested twenty years ago has now practically disappeared. This disease rarely now proves fatal except when complicated, and its generally mild character has no doubt been caused by better sanitary conditions and a more perfected public health administration.

With definite results before you your work must be a continued pleasure, and my advice is, continue, accept and act upon the facts



and results before you, believing that in the end you are preventing disease, prolonging life, relieving suffering, and passing on to future generations a more healthy population, and thereby increasing the stability of the nation at large.

We will now examine the work of the past year, 1907.

### **Infectious Hospital.**

This was one of the first subjects which occupied your attention, Mr. Liver, Manufacturer, of Calder Vale, having directly by letter called your attention to this important subject. My special report of 1905 on the provision of an Isolation Hospital for infectious cases other than Smallpox, must be still fresh in your memories, and to that report I still adhere.

I should much like to see my continued reference year by year, to a "proposed Infectious Hospital" disappear, and instead a reference to the work of such a hospital in your midst, established and in working order.

The various meetings you have held on this subject during the past year have not yet produced a definite result, and although your position is now practically the same as it has been for some years, I am pleased to see that since the beginning of 1908 you have taken more definite steps with a view to the erection of an iron hospital. You are having considerable difficulty in securing a suitable site at a reasonable cost, but I realise that you are fully convinced of the necessity for a hospital from its real public health aspect, and I hope you will therefore now continue your efforts to provide a hospital.

You have now had some experience of establishing isolation hospital areas by treating infectious cases in their own homes under necessitous circumstances. I must admit that the work you have done under these circumstances has undoubtedly had good results by localising the infection, special nursing, &c., but, I may reasonably ask you, does this confer a public benefit on the inhabitants of your district commensurate with the expenditure entailed? Does it protect the farm house with its dairy products? Does it protect the business man or the manufacturer with his industry? The answer is clear and definite. No! Those who contribute most largely to the rates do not get a corresponding benefit by the localised and individual treatment of such cases, except under very exceptional circumstances. Please do not take it that I condemn the isolation hospital areas such as you have established, on the contrary, they have done excellent work. I thank you for them, and they are the nearest approach to an isolation hospital.

What I do now ask you is: Is it wise to establish and continue

a system which does not give that general return to the rate-paying community of your district? Does not the protection of the farmhouse, with its milk, butter and cheese, appeal to every agricultural member of your Council? How often have farmers suffered in the past, and how often are they likely to suffer in the future with an infectious case or cases in their dwelling, with no means of removal? Such a position affects the farmer very seriously.

1. He has an infectious disease in his house which cannot be treated efficiently, the infection being likely to spread to the products of his industry, which are subject to condemnation and destruction.

2. Heavy financial loss may result especially if he is a purveyor of milk. You are well aware how the milk dealers and the Urban and Borough Authorities of towns carefully watch their milk supplies.

I might here also remind you of the Bill introduced by Mr. John Burns, with regard to municipal milk depots. That Bill becoming law will have far reaching effect, even in such districts as yours. It is a Bill of an important character. May I now make an earnest appeal to you if only from the agricultural side as regards this isolation hospital, that you will now take definite action and build such a hospital in your midst, which will supply the general wants of your district, and thereby protect the population and interests of your area.

### **Drainage.**

Steady progress continues to be made and several important schemes are in progress.

At Scorton a scheme has been adopted and general terms settled. This village, as a portion of Nether Wyresdale, will, I feel certain, receive much benefit from the scheme now settled. Scorton has naturally healthy surroundings with nice scenery and good elevation, and given drainage and a good water supply should be one of the healthiest villages in your sanitary district.

The special committee formed for this scheme have worked hard and I am pleased to see their labours rewarded.

Barnacre-with-Bonds.—An important scheme is in progress here.

Catterall.—The drainage here is practically completed.

Great Ecclestone.—There is a proposal to extend the present sewer outlets; these outlets were taken to their present position to oblige the then existing owner and tenant, a procedure to which I was opposed at the time. It is hardly just to now call upon the rate-payers of this township to spend a further large sum of money when the original scheme was so arranged as to convey all sewage away from the localities now complained of. The original scheme was endorsed by your Council and afterwards modified by a Parochial Committee, the latter modification leading to the present conditions, of which complaints have been made.

Hambleton.—You received a letter from the Local Government Board reminding you of Dr. Reece's report. Water supply being now taken to this township, drainage must follow.



## Vaccination.

The new Vaccination Order of 1907, which further facilitates the acquiring of an exemption is, in my opinion, a retrograde step, I cannot help feeling that the legislation on Vaccination in recent years will not tend to the future good health of the community. I am a strong and fully convinced believer in efficient primary vaccination and re-vaccination, and if the two were generally and efficiently carried out smallpox would have practically no abiding place in this country, and smallpox hospitals, with their high maintenance charges, would be non-existent. Germany has an efficient system of primary and secondary vaccination, and as a result, smallpox amongst the German population is an uncommon disease, and so much suffering and expense is saved to the general community. From considerable practical personal experience of smallpox, I am fully convinced that it truly is a preventible disease by thorough and efficient vaccination and re-vaccination. Equally do I feel certain that if the same trouble was taken to teach the public the good effects of vaccination as is taken by the Anti-Vaccination League to educate the public against it, we should have much less opposition to vaccination.

Definite steps should be taken by practical demonstrations, magic lantern lectures, &c., to educate the people on this important question and not place before them facilities by which they, in their ignorance, may acquire an exemption from vaccination, which in after years may lead to loss of life or a permanent disfigured and damaged constitution. Well may we ask the question "What constitutes a parent's conscientious objection that vaccination is prejudicial to the health of the child?" The conscience in such case being unenlightened on the subject, but rather scared by false prejudice and ignorance brought about by literature which appeals to the uneducated and uncultured mind. Often do professional men hear a mother or father blame vaccination for some skin eruption in the first few months of life, which, when carefully investigated, is in no way due to this cause. Children in early life are much pre-disposed to skin rashes from constitutional, dietetic, dentitional and other causes, and yet if such a rash appears subsequent to vaccination the latter is at once blamed as the cause, and such goes before the public as a definite case of skin disease directly due to vaccine contaminated with some dangerous and obnoxious material.

Time after time have I proved the fallacy of such a false notion. Vaccination carried out according to the instructions of the Local Government Board, and with their lymph makes the contamination of any child practically impossible.

Stern facts personally noted and carefully observed are difficult to overcome, and as a result I should now like to definitely state that "Smallpox is a rare disease where efficient primary and secondary vaccinations are carried out."

Every facility is now given to the public for safe vaccination.

1. The calf vaccine is carefully prepared and bacteriologically tested.

2. An aseptic vaccination carried out at the home by house to house visitation.

3. A second aseptic dressing applied about the end of the week after the vaccination.

I leave this subject with a fervent hope that a great bulk of the population of this country will thoroughly realise that vaccination as now practiced in this country is quite harmless and yet practically a specific against Smallpox.

England claims the discoverer of vaccination and was the pioneer country to adopt it, yet we have been slow to follow in the path of progress.

I consider vaccination to be one of the greatest boons to mankind.

Vaccination scars, their number and character:—

The more efficient a vaccination is the less likely is such a well vaccinated person to suffer from smallpox. What constitutes an efficient primary vaccination there cannot be any doubt, but an effort should always be made to produce four separate vaccination marks. Scars well marked, covering a good superficial area are undoubtedly much more protective than small illdefined scars. If the scar be single it should be very large. Upon this question I am fully convinced from careful and practical observation. If a couple of re-vaccination marks are added at twelve or fourteen years of age then I think smallpox immunity is established. There is a growing request on the part of parents to have as few vaccination marks as possible, but I feel it is a professional duty of all medical men, whether public vaccinators or not, to endeavour to carry out an efficient vaccination and show the public generally the importance of it. It is better to vaccinate with one mark rather than not at all, for I am quite willing to admit that even one mark only will modify very considerably a case of smallpox and render it mild, which otherwise might have been a virulent attack, and this even if vaccination was performed in infancy and the attack of smallpox occurring at seventy years of age. Remember that smallpox has no respect for age, it attacks at any age those who are most pre-disposed, and more especially those unvaccinated or inefficiently vaccinated. It is impossible to get over these startling facts. Why not educate the people up to them? Could not children and parents be taught and impressed with the importance of the subject? Could not the subject, along with Hygiene form some branch of Technical Instruction for advanced scholars in schools. It will certainly be the duty of a practical conscientious Medical Officer to a school to report upon the number of children not vaccinated. From the legal facilities now offered and the influence of the Anti-Vaccination League, the number of unvaccinated persons is sure to increase, and rapidly is increasing in some centres much to the danger of the public health. That the day of reckoning will come by death, disfigurement and impaired constitution is certain, as well as increased rates as a result of the the treatment of an epidemic of smallpox.



## **Medical Inspection of Schools.**

The Board of Education in November last issued a memorandum on "The Medical Inspection of Children in Elementary Schools," dealing with the new duties thrown upon Local Education Authorities by Section 13 of the Education (Administrative Provisions) Act, 1907. This Act is one of great importance and will have far reaching effects, and its operation is directed to the health of the individual child. Each individual child is to be examined and reported upon of which some form of register will be kept.

The Board of Education advise that such inspection should be carried out in conjunction with the Medical Officer of Health, or at least under his supervision. It is also the definitely expressed desire of the Local Government Board and the Board of Education that the relations of the Public Health Authority and the Local Educational Authority—whether or not these bodies or their officers happen to be identical—should be intimate and cordial in order that the administrative procedures of both bodies should be reciprocally helpful. There cannot be any doubt that education and the public health condition of the elementary school are most closely connected, and much depends upon a conjoint and combined line of action. The two are almost inseparable, and careful organisation will be required to bring about their union. In my report of 1905 I called your special attention to this question of School Inspection, and that such was actually (in my opinion) a necessity. I did not then think that legislation was so near at hand, and I feel sure that its effect will be productive of great good. It might not be out of place here to state what school inspection actually implies.

By the law of the State it is compulsory that a child shall be educated, and if a child is compelled to be educated, then every sensible individual would at once say that such child should be mentally and physically fit for education, and if any disease, functional or organic, should exist, the attention of the parents and teachers should be directed to the same. I think it will be admitted by all that a child mentally and physically unfit, by disease or otherwise, education will make little progress.

Medical inspection will be directed to remedy these conditions, and every endeavour will be made to place the individual child under circumstances to meet the particular case.

The duties would practically imply :—

1. Visits to the schools.
2. Examination of the children with regard to defective sight and hearing, condition of throat, and nose, and teeth. Mental defects would be noted and a record made of physical conformation, condition of skin, nutrition, &c.
3. Any defects to be registered and parents notified. No interference with the professional treatment of the case, leaving the parents to employ their own medical attendant.
4. Continued absence of children from school and often not under medical care may require attention. Often have I found such



children suffering from a mild form of scarlet fever, without professional aid.

5. Monthly or quarterly reports will be necessary.

It must be distinctly understood that there must be no interference with the private rights of the parents to have their own medical attendant. No Educational Authority has the power to pay for medical treatment, and the private rights of the parents must be respected in every way. The parents will be notified of defects, and they will be expected to take advice to remedy the same. Undoubtedly many children suffer from serious troubles over long periods without the parents having a real knowledge of their existence; medical school inspection will get at these and allied cases. I commend this legislation to your Council as a wise and great advance in Sanitary Administration. It is legislation affecting the individual child, and its effect on the future population of this country cannot now be realised. I wish to append in tabulated form a list of schools within the jurisdiction of the Local Education Authority. Mr. Thornton, the Clerk to the Council, has kindly prepared the same at my request.

## LOCAL EDUCATION SUB-COMMITTEE.

### Numbers of Children attending Schools in the Rural District of Garstang, on July 26th, 1907.

Names of Schools.	Under 5 years of age.		Over 5.		Totals.		Grand Totals.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Eagland Hill C. E.	1	1	19	18	20	19	39
Pilling C. E.	...	1	69	68	69	69	138
Pilling Moss R. C.	...	1	9	20	9	21	30
Out Rawcliffe	1	...	42	40	43	40	83
Stalmine	5	4	46	60	51	64	115
Garstang Boys' Grammar	...	...	23	...	23	...	23
Garstang C. E.	5	7	48	54	53	61	114
Winnarleigh	1	4	22	17	23	21	44
Scorton C. E.	1	2	29	25	30	27	57
Scorton R. C.	1	2	12	13	13	15	28
Bonds R. C.	5	10	47	41	52	51	103
Bleasdale	...	...	20	16	20	16	36
Claughton R. C.	3	1	44	31	47	32	79
Bilsborrow	3	2	34	27	37	29	66
Calder Vale	2	2	52	54	54	56	110
Inskip	2	1	16	30	18	31	49
Copp C. E.	3	6	45	56	48	62	110
Great Eccleston R. C.	4	5	26	23	30	28	58
St. Michaels-on-Wyre	2	1	40	30	42	31	73
Churchtown	6	3	40	32	46	35	81
Nateby Council	...	...	29	30	29	30	59
Hambleton Council	...	...	43	36	43	36	79
Forton Council	...	..	52	44	52	44	96
	45	53	807	765	852	818	1670

There were apparently twenty-three schools with a total of one thousand six hundred and seventy children on July 26th last, comprising 852 boys and 818 girls. Boys over five years old, 807 ; Girls 765. Boys under five years old, 45 ; Girls, 53 ; making a total of ninety-eight. Six of the schools have over 100 scholars, the average being about 73. A glance at the table at once shows the distribution of these children. Your district is north to south ten miles, east to west fifteen miles. With a little care and organisation I do not see much difficulty in bringing these schools under an efficient routine of medical inspection. Having briefly called your attention to this important new legislation, I leave the matter to the combined efforts of your Council, and that of the Local Educational Authority, with a conviction that good results will follow and benefits be derived which it is practically impossible now to realise and foresee. It is to my mind one of the most important legislative acts which has been passed (as affecting the public health) now for many years.

### **Milk.**

I am very pleased to be able to state that I have not received one single complaint during the past year with regard to the milk supplied from your district. This is the first time I have been able to make this statement since I have been your Medical Officer. The question of milk supply from your area to the towns has been one to which I have repeatedly called your attention, so much so that I fear there arose a certain amount of unrest or suspicion amongst some of your members, that by so prominently placing this question year by year before you, showing up its risks and defects, there might arise some harm to the agricultural industry now of such value to the farming community in your midst. On the contrary, the result has been beneficial all round. Farmers have become alive and more cultured to the position, and dealers realize that an effort is being made by your Authority in the milk traffic, which is tending to their interests, consequently a more general feeling of mutual confidence is established, trade relations are improved, a better and more uniform milk is supplied, and, what is perhaps more important, from a farmer's point of view, the price of milk has increased.

I have for long re-iterated that milk of good quality has been supplied at prices for many years not remunerative. I still maintain the policy is to produce the best article under the best possible existing conditions, the price must follow. Many times have my remarks on the milk question been severely criticised as being adverse to the farming interest, and yet as many times have I been thanked by farmers and dealers for my plain outspoken and written statements on this subject. The milk supply from your district has for many years been of absorbing interest to me, and has often caused me much anxiety, for, taken in its entirety it is indeed a very complex problem, so many points are involved in a pure and wholesome milk supply. I feel certain your efforts, along with mine, are now bearing fruit, and that the milk supply from your district is gradually assuming a



more definite and safe position, and the farmer in his own interests is beginning to realize that he must move with scientific progress or one of his most important products will not be accepted by a cultured populace as an article of diet to that degree which pure, good milk so richly deserves. Pure milk is the most perfect and cheapest food we possess. In the interests of all, let our conjoint and combined action aim at producing this important article of diet to the highest perfection. More milk is now going from your district than at any previous period. Let us make every endeavour to maintain and increase this supply. Financially it is indeed wise to maintain and encourage the sale of milk, the more milk is sold and consumed the less remains to be made into butter and cheese, consequently the price of the latter will be more fully maintained in the interests of the farmer. I have on various occasions called your attention to the impurities in milk, and I do not in this report intend to refer to this matter. According to the Local Government Board ten per cent. of the present milk supply of this country is adulterated, and a much larger proportion has been so manipulated as to leave it only just above the required standard. From personal observation I have much fear that recent legislation has played into the hands of the dealer to the detriment of the consumer. Most milk supplies will average out considerably above the standard, and this gives the dealer the chance of adding sterilized separated milk to the required standard of butter fat, and the means of detecting such addition are practically impossible. Again the farmer may suffer (from no fault of his own), his milk supply may on occasional days fall below the standard, of this I am fully convinced. I have no sympathy with the adulteration, and if added water is proved, definite punishment is deserved and should be forthcoming. Again, chemical preservatives in milk should be avoided, the best preservative to fresh milk is rapid and complete cooling with perfect cleanliness.

### **Small Holdings Act.**

In a Medical Officer of Health's report it might be said that the question of "Small Holdings" has no place. Many and diversified are the opinions and views expressed on this question. At any rate, all are agreed that rural depopulation is a reality, and the cry is "back to the land," and surely if small holdings should prove a successful, financial undertaking, an improvement in health, and increase in population in rural districts must follow.

Given a decent dwelling, with a piece of land in an open country must mean an improvement in health. The important question arises: How are the allotments going to be made a financial success?

The financial aspect is a fundamental principle of the Act. Finance failing, then the already overburdened ratepayer has to suffer, and this in rural districts cannot be tolerated.

The chief points which will conduce to success are:

1. A thrifty and industrious tenant who is an adept at the industry to which he intends to turn his allotment.



2. He must have easy and cheap access to the best markets.
3. Efficient railway accommodation and special terms for garden produce sent in repeated small quantities, as a necessity to make allotments a success in Rural England.

The question of opening up scattered Rural Districts (such as yours) by increased and cheapened means of transit is, in my opinion, paramount to the question of "Small Holdings." I venture to predict that Small Holdings in any quantity will fail unless the communications are improved and markets more easily accessible, and there must be in addition combined action of landlord and tenant. Thrift and combination by all parties interested are essential or the rate-payers will suffer.

The Allotments Act of 1887 has not been a success in your district. Practically only one township availed itself of this Act, and this to a very limited extent.

I will now lay before you the general work accomplished, in progress and contemplated.

### **Water Supply.**

This subject continues one of absorbing interest, and I feel you are making steady progress. The schemes at Hambleton and Stalmine are now in actual progress, pipes being laid and agreements settled with the Fylde Water Board. These two schemes should be of immense value to both districts, and no time should be lost in serving the usual notices to owners to connect up to the mains when ready. The scheme at Calder Vale seems almost now assured, the Manchester Corporation (Thirlmere scheme) are willing to enter into a reasonable agreement to supply this district from their main. This will be a great acquisition to the locality. Another endeavour is now being made with regard to Pilling. There is no district in which a pure and wholesome supply is required more than in Pilling. I wish the scheme every success. I have repeatedly reported to your Council on this township as to the need of a pure water supply, all these reports I fully endorse. Good water cannot be procured in this township, and ordinary wells are a complete failure.

The Fylde Water continues to extend in various directions ; an extension has been made in Great Eccleston to a portion of the township known as the Raikes, here eight or nine dwellings have been supplied which needed it very badly ; all the samples of water taken here were unsatisfactory. The scheme to Inskip is practically now complete, and will be of much benefit to the township. Drinking troughs for cattle are gradually extending and many individual supplies to farm houses have been laid.

I cannot help expressing my opinion on the financial aspects of this question ; a six per cent. return in perpetuo is a heavy charge for long extensions, and neither do I think such is intended under the Fylde Water Board Act. I should think a six per cent. return to any township, inclusive of its congested areas, would be a reasonable return ; but when congested areas are supplied and possibly a

ten or fifteen per cent. obtained on this outlay, the margin here realised over and above the six per cent. should be set off in favour of those extensions made at a distance in the same township. Year by year this question is becoming one of great importance to the rate-payers of your various townships, and I feel it my duty to call your especial attention to this matter which annually will increase, and therefore tax largely those who are located a considerable distance from a water main, and yet whose water supply is practically unfit for human consumption. Many such places now exist in your district.

### **Transfer of Powers to County Council.**

After some deliberation and discussion you resolved—

“That your Council do strongly protest against the reports ”  
 “from the Select Committee of the House of Commons on the ”  
 “Housing of the Working Classes Act Amendment Bill, recom- ”  
 “mending that the administration by Rural District Councils of ”  
 “the Public Health and Housing Law should be transferred to the ”  
 “County Councils upon the ground that the recommendations in ”  
 “the report are not warranted by the facts of the case, and that ”  
 “the report was issued without the Rural District Councils having ”  
 “had an opportunity of placing evidence before the Select Com- ”  
 “mittee, in refutation of the attacks made upon them.”

Further resolved—

“That a copy of the above resolution be sent to the Member of ”  
 “Parliament of your Division, with a request to oppose any Bill ”  
 “based upon the report which seeks to transfer the Powers of Ad- ”  
 “ministration from Rural District Councils to County Councils.”

Upon this question may I make one remark. Make good and efficient use of the powers which are given you, and then there is little danger of such powers being transferred to any other body. The tendency of all recent legislation has been to place powers in the hands of those most likely to know their need and utility in a district, viz.:—Those resident in the locality, Rural District Councillors and Parish Councillors.

### **Diphtheria.**

This disease has been rather prevalent during the year. Three outbreaks were reported early in the year at Pilling, all in young children. These cases were isolated and every precaution taken, the disease was localised and stamped out.

Late in September, at Great Eccleston, a child aged eight years suddenly collapsed and died, she had a normal temperature when visited, but gave a history of sore throat and malaise, and was never laid up until the day before her death. Noticing another child in the same house with rather profuse nasal discharge, with a history of sore throat also, but had never been in bed, I took a swab of the discharge and typical diphtheria bacilli were found. Both these children had been regular attendants at the Roman Catholic School. It was soon evident that the school was infected, but I hoped that it



would not be necessary to close it. By the middle of December however, thirteen cases had been notified, attacking six different households. I felt it my duty then to advise you to close this school, and the time was rather fortunate as the Christmas holidays were just at hand. Most of these cases were bacteriologically tested with positive results. About this period several sore throats were reported by the Schoolmaster of the Church of England School, Copp, Great Eccleston, and curiously enough the schoolmaster's boy, who was not attending the school, and had a suspicious nasal discharge, with throat congestion and enlarged tonsils, no temperature. A swab taken shewed Pseudo Diphtheritic Bacilli. This boy had been wheeled and played with by several children, who also had sore throats, but in no instance was Loeffler's Bacillus found. This school remained free from the specific diphtheritic infection.

About the middle of November my attention was called to a number of children suffering from sore throats in the C. E. and R.C. Schools at Garstang and Bonds, no case had been notified. I took several swabs from different families, and the undoubted presence of Loeffler's Bacillus was demonstrated in both schools. A large number of children were absent from the schools, and having fully satisfied myself that both schools were infected, I felt it my duty to advise you to close them. The family of my Inspector contracted the disease.

It is interesting to note that one case of Croup and Laryngitis, both in children, were registered in the month of November at Bonds.

Altogether twenty-three cases of Diphtheria were notified. Printed instructions were distributed, disinfectants supplied, and the free use of Diphtheritic Antitoxin was allowed by your Council, all the cases recovered.

I strongly advise you to continue to allow the Anti-toxin free of charge, not only as a preventive but also as a curative agent.

The early use of Anti-toxin in this disease is practically a specific, and its preventive powers are beyond controversy. I was unable to trace the cause or causes of these different outbreaks.

### **Scarlet Fever.**

Outbreaks of this disease have occurred and were sporadic, and in all cases the infection was localised. The townships infected were Scorton, Garstang, Stalmine, Great Eccleston. The outbreak at the Post Office, Great Eccleston, necessitated special precautions, since you have no Hospital to which such a case might have been removed. An infectious case in a Post Office, the latter the ordinary type of country house, with common staircase and landing, which latter directly opened into the office, required most careful and judicious handling. A routine was carried out here in which I was most ably assisted by the inmates of the house, and no further case resulted, which was gratifying in the extreme. The patient was well nursed by her sister, the latter having had Scarlet Fever previously. To have temporarily removed the Post Office would have been a serious



matter. Careful combination and co-operation can do much to prevent the spread of infection, and this is a good instance where such was carried out.

### **Typhoid.**

Five cases of this disease have been notified and were sporadic in character in two outbreaks. Sanitary defects were found and remedied. These cases respectively occurred in Claughton, Hambleton, Bonds, Catterall and Garstang.

BYE-LAWS.—These are now practically settled and approved by the Local Government Board, and are of a Rural and Semi-Urban character.

CEREBRO SPINAL FEVER CIRCULAR.—This you considered but did not make this a notifiable disease.

OPEN SPACES ACT.—The Board of Agriculture called your attention to this Act.

### **Dairies and Cowsheds Order.**

After long and careful consideration you have approved of the modified regulations of the Local Government Board. I am fully convinced that this step is one in the right direction, and will further enhance the milk producers' position and conduce to a more healthy condition of his farming stock, and consolidate the industry generally.

In Great Ecclestone a rubbish tip has been provided, and if made use of will be a distinct benefit.

Midwives' Act.—This Act continues to work well and is doing good work in your district.

Diseased Cattle.—Circular from the Local Government Board calling your attention to this question, and especially that of Tuberculosis. The circular was one of an important character, as directing attention to cattle markets, slaughter-houses and knackers' yards.

Pilling, Ladies' Hill.—After my special report on this question and your special labours here, nothing has practically been done.

Winmarleigh House, Winmarleigh.—A special report was presented to your Council on these premises at the request of the occupier. Important improvements were carried out here.

### **Legislation, 1907.**

The Vaccination Act, to which I have already called your attention and the Public Health Acts Amendment Act:—The Sanitary provisions provided under this latter Act are, in my opinion, very useful for Local Authorities, and you might at a later period further consider whether or not to adopt some portion of the Act. Under infection for instance, power is given to require dairymen to furnish a list of sources of supply, and must notify infectious diseases amongst their servants.

Infected clothes must not be sent to a laundry. A child suffering from an infectious disease must not attend school. A patient

not a pauper may receive maintenance and nursing when suffering from infectious disease, if the Local Authority are satisfied that the case is one which justifies them in such action. I consider this provision most important. When the inmates of a house are infected, it is a time when help is required, and why should such be made paupers?

There are many other useful provisions, and on the whole I believe this Act will be beneficial.

**The Butter and Margarine Act.**—This Act should improve the farmers' position. The Act is directed to the regulation and inspection of the re-working of butter, to prevent its adulteration with milk or water, or with fats other than butter fat.

**Notification of Births Act.**—The object of this Act is directed to decreasing the infant mortality. The adoption of this Act by a Local Authority requires very careful consideration especially in a Rural District. Its use when thoroughly carried out with an efficient staff to organise it, should be of great value to Borough and Urban Authorities, and be the means of saving many lives which would otherwise be lost.

I now add the Inspector's Report, the usual Tables, &c.

### **To the Garstang Rural District Council.**

Gentlemen,

I have pleasure in handing to you my Annual Report of the Sanitary Work in your District, for the year ended the 31st December, 1907.

**INFECTIOUS DISEASES.**—Forty-four cases of Infectious disease were reported during the year. All the cases were visited forthwith on their being reported, and periodically afterwards. Printed instructions for the prevention of the spread of the disease and disinfectants (free of charge) were supplied in every case. The patients were as far as possible isolated. Schools were closed on account of Infectious Disease, viz. :—Scorton C. E. School for Epidemic Measles; Garstang C. E. School for Diphtheria; Bonds R. C. School for Diphtheria; Great Eccleston R. C. School for Diphtheria. After the patients were considered free from infection all the houses and schools were disinfected.

**COMMON LODGING HOUSES.**—The two Common Lodging Houses in your district are regularly inspected.

**SLAUGHTER-HOUSES.**—The ten Slaughter-houses in the five townships to which the Bye-Laws apply are regularly inspected, and were found in a cleanly condition. I inspected a considerable number of carcasses of meat exposed for sale, and in my opinion all of them were fit for human consumption.

**FOOD AND DRUGS.**—No samples of Food or Drugs were taken by me in your district for analysis.

**CANAL BOATS.**—Forty-one inspections of Canal Boats were made during the year. There were no infringements of the Acts and Regulations.

**SCAVENGING.**—The scavenging of Garstang, which is carried out by contract, is satisfactory. The scavenging of Calder Vale, in the township of Barnacre-with-Bonds, which is carried out by your workmen, is also satisfactory. As expressed in former years, it would be advisable if you would scavenge the most congested places in your district, other than the above.

#### **SEWERING :—**

**Scorton, Nether Wyresdale.**—The work of the laying of the sewers and the erection of septic tank and bacteria beds for the whole village of Scorton, according to the plans, &c., prepared by me, is now in hand.



Great Ecclestone.—I have prepared plans, sections and estimates for the extension of the outlets of the existing sewers to a tidal portion of the river Wyre.

Barnacre-with-Bonds.—A portion of sewer has been laid at Calder Vale in accordance with the plans, section and estimates prepared by me. This now completes the whole of the sewerage in this Hamlet.

Bowgreave Sewerage (North Side).—This sewage is at present treated in the Workhouse Grounds, on the International System. Owing to the effluent putrifying after entering ditches, at which cattle can drink, it has been decided to divert it in accordance with plans and sections.

Bonds Lane.—I have also prepared plans and sections for a main sewer to be laid down Bonds Lane, in conjunction with the sewer on the north side of Bowgreave, so as to complete the sewerage of the Hamlet of Bonds.

Catterall.—The work of the laying of a length of sewer and putting down a sewage tank in the above township is completed.

SEWAGE TREATMENT.—The sewage treatment works on the south side of Bowgreave, in the township of Barnacre-with-Bonds, continue to give satisfaction.

FACTORY AND WORKSHOPS.—Sixty-seven workshops have been inspected and all were generally well kept. There were no causes of any complaint.

BAKEHOUSES.—Ten Bakehouses were inspected regularly and all of them were well kept.

SMOKE.—No observations were taken as regards the emission of black smoke in your district. No legal proceedings were taken.

#### PARTICULARS OF INSPECTIONS, &c.

No. of Inspections made.....	1284
No. of Complaints received .....	15
No. of Nuisances abated .....	194
No. of Notices sent .....	78
Dirty Houses ordered to be cleansed .....	4
Common Lodging Houses inspected .....	2
No. of Houses dealt with as unfit for human habitation ..	1
Removal of Manure improperly deposited .....	5
No. of Bakehouses inspected.....	10
No. of Workshops inspected .....	67
Legal Proceedings taken .....	Nil
Canal Boats inspected.....	41
No. of Houses disinfected after infectious disease. Every infected house has been disinfected.	
No. of Schools disinfected after being closed on account of infectious disease .....	4

#### PLANS.

Plans received for approval .....	25
Plans approved.....	18
Plans not approved .....	7
Representing:—	
New Additions to Houses approved.....	8
New Houses approved .....	9
New Farm and other Buildings approved .....	7
New Houses not approved .....	0
New Additions to Houses not approved .....	2
New Farm Buildings not approved .....	1
Other Buildings not approved .....	6
Houses completed during the year .....	6
Houses in course of erection, 31st December, 1907 .....	3
Additions to Houses completed .....	2
Additions to Houses in course of erection, 31st Dec., 1907 ..	5
New Farm and other Buildings completed .....	5

I am, Gentlemen, your most obedient servant,

JAMES COOK,

Town Hall, Garstang,  
15th February, 1908.

Sanitary Surveyor and  
Inspector of Nuisances.



## Deaths.

In the Garstang Registration District 125 deaths have been registered.

Two deaths have been registered at Lancaster Infirmary, one belonging to Nether Wyresdale and the other to Bonds Workhouse.

The deaths during 1907 are :—

	Males	Females	
Garstang	38	30	68
Stalmine	15	15	30
St. Michael's	17	12	29
			127

Males 70	Females 57
Death Rate 12.16	Birth Rate 21.55

Comparing this year with last there is a decrease of five deaths.

During the year 1907 no deaths have occurred in the township of Cleveley,

The townships that have increased death rates are :—Cabus 2, Claughton 3, Garstang 5, Holleth 1, Kirkland 3, Nether Wyresdale 7, Bilsborrow 1, Out Rawcliffe 5.

The townships that have decreased death rate are :—Barnacre decreased 4, Bleasdale 2, Catterall 4, Forton 2, Winmarleigh 3, Great Eccleston 6, Inskip 2, Myerscough 1, Upper Rawcliffe 4, Hambleton 2, Stalmine 3.

The deaths in Garstang Registration District are due to :—

Influenza 3, Pleurisy, Bronchitis, and Pneumonia 13, Cardiac Disease 11, Malignant Diseases 6, Phthisis 4, Senility, Natural Causes, &c.

Stalmine and St. Michael's Registration Districts have decreased death rates.

There are eight deaths from Phthisis and one from Tubercular Peritonitis.

Phthisis :—

Stalmine has 3 deaths, ages 16, 37 and 6 years.

Garstang has 2 deaths, ages 23 and 29 years.

Myerscough has 1 death, age 29 years.

Nateby           ,,           ,,           37   ,,

Winmarleigh   ,,           ,,           20   ,,

(Last year 13 deaths from Phthisis and Tubercular Disease, decrease of 5 deaths.)

Stalmine has a death from Tubercular Peritonitis age 19 years.

The deaths from Phthisis have occurred in five townships ; no cases have been notified.

In the Garstang Registration District there are six deaths from Malignant Diseases.

In the Stalmine Registration District there are two deaths from Malignant Diseases.

In the St. Michael's Registration District there are no deaths from Malignant Diseases.

The deaths from Malignant Diseases have occurred in the following townships :—Barnacre four cases, ages 57, 59, 77 and 67 years. Nether Wyresdale one, age 47 years. Cabus one, age 60 years. Stalmine two, ages 77 and 67 years.

There is an increase of five in the deaths from Malignant Diseases (last year three deaths from Malignant Diseases).

According to the record of deaths this year from Cardiac diseases there is a decrease of eight deaths (last year twenty-eight from Cardiac diseases).

From Bronchitis there is an increase of 7 deaths this year.

During the last five years 21 deaths have occurred in the Garstang Registration District, due to Malignant Diseases. They are recorded in the following townships :—Kirkland two deaths; Cleveley one death; Winmarleigh three deaths; Claughton two deaths; Barnacre-with-Bonds seven deaths; Catterall one death; Garstang two deaths; Cabus one death; Nether Wyresdale two deaths.

Heart Disease, combined with Pneumonia and Pleurisy, are the chief causes of death in your district.

Tubercular Disease ought to be non existent (with notification), and the Sanatorium at Home. Concerning the latter I shall have more to say to you in the future. Malignant Disease still continues a prominent feature in certain localities of your district.

### Births.

	Males.	Females.	
Garstang	54	49	103
Stalmine	45	24	69
St. Michael's	28	25	53
			<hr/>
		Total	225
			<hr/>

Males 127                      Females 98  
Rate per 1,000—21.55

Comparing this year with last, there is a decrease of fifteen births.

Garstang Registration District, decrease of 8 births.

St. Michael's            "            "            11    "  
Stalmine                "            "            increase    4    "

The deaths under one year recorded this year are 16, two more than last year.

The deaths under one year have occurred in the following townships :—

Bleasdale, one death, age 10 months, Pneumonia.

Cabus, one death, age 3 days, injury at birth.

Claughton, one death, age 10 months, Dentition.

Garstang, two deaths, ages 12 days and 3 months, Brouchitis and overlaying by the mother.

Kirkland, one death, age 5 weeks, Bronchitis.

Nateby, one death, age 6 weeks, Congenital Debility.  
 Scorton, one death, age 3 weeks, Inanition.  
 Nether Wyresdale, one death, age 2 weeks, debility from birth.  
 Pilling, one death, age 6 months, Acute Bronchitis.  
 Hambleton, one death, age 3 days, Icterus Neonatorum.  
 Out Rawcliffe, two deaths, ages 7 months and 3 days, Premature Birth and Natural Causes.  
 Inskip, two deaths, ages 6 weeks and 7 months, Pneumonia and Marasmus.  
 Bilsborrow, one death, age 1 month, Convulsions, Premature Birth.  
 Garstang Registration District, 9 deaths under 1 year.  
 Stalmine                    "                    "                    2                    "                    "  
 St. Michael's            "                    "                    5                    "                    "  
 Eleven years ago there were 45 deaths under one year.

### Notified Cases.

Diphtheria	23 cases notified.
Enteric	5                    "
Erysipelas	4                    "
Scarlet Fever	12                   "
<hr/>	
Total	44
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There are no deaths from the notified cases.

One death has occurred from Membranous Croup, which was not notified.

There have been no cases of Smallpox notified in the district.  
 NOTIFIED CASES :—

Garstang Registration District	21
Stalmine                    "                    "	8
St. Michael's            "                    "	15
<hr/>	
	44
<hr/>	

#### GARSTANG :—

Barnacre—Enteric 1 ; Scarlet Fever 2 ; Diphtheria 7.  
 Catterall—Enteric 1.  
 Claughton—Enteric 1 ; Erysipelas 1.  
 Forton—Scarlet Fever 5.  
 Garstang—Scarlet Fever 1 ; Enteric 1.  
 Kirkland—Erysipelas 1.

#### STALMINE :—

Hambleton—Enteric 1.  
 Pilling—Diphtheria 3 ; Erysipelas 1.  
 Stalmine—Scarlet Fever 3.

#### ST. MICHAELS :—

Great Ecclestone—Diphtheria 13 ; Scarlet Fever 1.  
 Out Rawcliffe—Erysipelas 1.  
 Eleven townships in the district have been infected.



Diphtheria has occurred in three townships:—Pilling 3 cases; Great Eccleston 13 cases; Barnacre-with-Bonds 7 cases.

In Great Eccleston there were five dwellings attacked. (The case of Scarlet Fever, Post Office, Great Eccleston.)

In Pilling two dwellings were infected with Diphtheria.

Other outbreaks demonstrated bacteriologically in my capacity as Medical Officer of Health, and not under other professional treatment, are not notified, but were placed under infectious restrictions.

### REGISTRATION DISTRICTS :—

Population of Garstang	...	...	...	...	5311
„ „ Stalmine	...	...	...	...	2265
„ „ St. Michael's...	...	...	...	...	2860

Population, 10,436.      Death Rate per 1,000.....12.16

Townships (22).	Population.	Deaths.	Rate per 1,000
Barnacre-with-Bonds ... ..	1,117	13	11.63
Bleasdale ... ..	103	1	2.48
Cabus ... ..	171	3	17.54
Catterall ... ..	317	1	3.15
Cloughton ... ..	561	10	17.82
Cleveley ... ..	62	0	0
Forton ... ..	539	1	7.42
Garstang ... ..	808	14	17.32
Holleth ... ..	25	1	40.
Kirkland ... ..	273	3	10.98
Nateby ... ..	297	3	10.10
Nether Wyresdale ... ..	454	12	26.43
Winmarleigh ... ..	284	3	10.56
Total in Garstang District ...		68	
Bilsborrow... ..	181	2	11.04
Great Eccleston ... ..	583	2	3.43
Inskip-with-Sowerby ... ..	450	8	17.77
Myerscough ... ..	423	4	9.45
Out Rawcliffe ... ..	705	10	14.18
Upper Rawcliffe-with-Tarnacre	518	3	5.79
Total in St. Michael's District ...		29	
Hambleton ... ..	321	5	15.57
Pilling ... ..	1107	18	12.79
Stalmine-with-Staynall ... ..	537	7	13.03
Total in Stalmine District ...		30	

Union Workhouse, two deaths, included in above, one belonging to Inskip and the other to Out Rawcliffe.

This concludes my report, and it is I think about the most satisfactory report I have ever had the pleasure of placing before you. You have made some real and definite progress, and I thank you for your efforts made in a direction for the well-being of those around you, for after all, good health is the greatest blessing to mankind, and without which there is little pleasure for any of us. May you continue in the path of co-operation and combination, which are so essential in your work as a Public Health body. Many and diversified are the views expressed by members of your Council, this must naturally be so in such an assembly, representing the elective rate-paying interests of each township. I take it that each representative is sent by his locality as the man most suitable for the particular interests of his township, with a desire to do his best for those whom he represents. This is all I ask of you as your Medical Officer:— Do your best in the interests of those whom you represent. If you do this I feel certain your Public Health work will not suffer, but those whom you represent will benefit. Carefully observe the work in progress, observe the facts and results before you and act upon them!

I again thank you for all the kind consideration you have given me in all matters placed before you.

I am, Gentlemen,

Yours obediently,

THOMAS FISHER.



# Garstang Rural District Council.

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Smallpox, Cholera, Diphtheria, Membranous Croup,  
Erysipelas, and the following Fevers :—  
Scarlet (also called Scarlatina), Typhus, Typhoid or  
Enteric, Continued, Relapsing, and Peurperal.

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## Caution to Householders

Against the Commission of Acts by which Infectious  
Disease may be spread.

ISSUED BY ORDER OF THE HEALTH COMMITTEE.

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### NOTICE IS HEREBY GIVEN

*That the Public Health Act, 1875 and the Infectious Disease (Prevention) Act 1890 render liable to penalties persons who may commit any offence which may tend to cause the spread of infectious disease (including the above-mentioned diseases) and proceedings will be taken in all cases where an offence has been committed.*

The Public Health Act 1875 provides that :—

1.—Any person who —

(a) while suffering from any dangerous infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder, in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without previously notifying to the owner, conductor, or driver thereof that he is so suffering ; or

(b) Being in charge of any person so suffering, so exposes such sufferer ; or

(c) Gives, lends, sells, transmits, or EXPOSES, without previous disinfection, any bedding, CLOTHING, rags, or other things WHICH HAVE BEEN EXPOSED TO INFECTION from any such disorder

Shall be liable to a penalty not exceeding £5 ; and a person who, while suffering from any such disorder, enters any public conveyance without previously notifying to the owner or driver

that he is so suffering, shall in addition be ordered by the Court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance.

2.—Any person who knowingly lets for hire any house, room, or part of a house in which any person has been suffering from any dangerous infectious disorder, without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, shall be liable to a penalty not exceeding £20.

3.—Any person letting for hire or showing for the purpose of letting for hire any house or part of a house who, on being questioned by any person negotiating for the hire of such house or part of a house as to the fact of there being or within six weeks previously having been therein any person suffering from any dangerous infectious disorder, knowingly makes a false answer to such question, shall be liable at the discretion of the Court to a penalty not exceeding £20, or to imprisonment with or without hard labour for a period not exceeding one month.

The Infectious Disease (Prevention) Act, 1890, provides :

4.—No person without the sanction in writing of the Medical Officer of Health or of a registered medical practitioner, shall retain unburied elsewhere than in a public mortuary or in a room not used at the time as a dwelling place, sleeping place or workroom, for more than forty-eight hours, the body of any person who has died of any infectious disease.

5.—Any person who shall knowingly cast, or cause, or permit to be cast, into any ashpit or similar receptacle, any infectious rubbish without previous disinfection is liable to a penalty.

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## SUGGESTIONS

For preventing the spread of Infectious Disease.

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In order to prevent disease and suffering, the Health Committee appeals to the parents and attendants of patients suffering from Infectious Disease to observe the following instructions ;

### 1.—Isolate the Sick—

The patient should be at once separated from the other inmates of the house, and, if possible, placed in a top room and have that floor devoted to himself and his attendant.

All bed curtains and other hangings, carpets, rugs, and all articles of dress and the like in wardrobes and cupboards and all unnecessary articles of furniture should be removed.



## **2.—Ventilate Sickroom and House**

The room should be kept well ventilated, windows should be kept partly open (the patient being protected from draughts by a screen when necessary), communication with the chimney should be kept free and, weather permitting, a fire should be kept burning. The floor should be sprinkled with disinfecting fluid and cleansed daily.

## **3.—Place Antiseptic Sheet outside Sickroom door—**

The door should be kept closed and a sheet kept wet with Izal, Sanitas, or other disinfectants, should be hung outside so as to cover every crevice

## **4.—Disinfect all Discharges from Patient—**

Everything that passes from the patient (sputum, vomit, urine, faeces) should be received in vessels containing a disinfectant, and an additional quantity of the disinfectant should be added to the vessel BEFORE removing it from the room. All food and drink not used should be mixed with disinfectant and should not, under any circumstances, be partaken of by other persons.

In TYPHOID FEVER the pail supplied MUST be used for the reception of all slops, &c., referred to in the foregoing.

## **5.—Do not use Handkerchiefs—**

In Diphtheria and Phthisis, pieces of rag should be used for sputum and discharges from the nose and mouth and should be immediately burnt.

## **6.—Disinfect all Utensils—**

All cups, glasses, spoons or such like articles used in the sick room should be placed in disinfectant solution before being removed therefrom and they should be subsequently washed in hot water.

## **7.—Disinfect Patient's Linen—**

All bed and body linen after use should be at once, before being removed from the room, put into the disinfectant solution and after remaining in this for at least an hour may be washed. At the termination of the illness the premises will be thoroughly disinfected under the direction of the Sanitary Staff.

## **8.—Keep Surroundings Clean—**

The patient's body and bed should be kept scrupulously clean, and when during the progress of Scarlet Fever or Small Pox, scales or crusts form on the skin, their diffusion should be prevented by smearing the body from head to foot with oil (Carbolic, Sanitas, or Eucalyptus). The house should be well ventilated and kept very clean; all sinks, water closets, traps and gullies should be in good order and have Izal or other disinfectant poured into them daily.

## **9.—Nursing Arrangements—**

Nurses or others in attendance should wear overalls or dresses of washable material; they should keep their hands clean, adding Izal, Sanitas, or Condy's Fluid to the water in which they wash. They should remain with the patient, but, if compelled to leave the room, they should leave the overall or apron behind. They should not mix with the other members of the household.

## **10.—Visitors should not be received.**

## **11.—Vaccination—**


In cases of Small Pox all the members of the household should be vaccinated.

## **12.—Observe Precautions during Convalescence**

The patient must not be allowed to mix with the other members of the household until—in Scarlet Fever—all “peeling” of skin and all discharges from the ears and nose have ceased; in Diphtheria—all discharges have ceased; in Small Pox—all scabs have fallen off. The patient must be thoroughly cleansed by the use of a warm bath containing Izal or other disinfectant and his removal from the room must be sanctioned by the medical practitioner. Clothes used during the illness or in any way exposed to infection must not be worn again or put away in drawers or wardrobes until they have been properly disinfected.

## **13.—Final Disinfection—**

When the sickness has terminated, the room and its contents should be disinfected. This work will be carried out by the Sanitary Staff.

 Householders are hereby notified that when SCARLET FEVER patients are treated at home, disinfection of bedding, premises, &c., cannot be carried out till the expiration of at least SIX WEEKS from the commencement of the last case of such illness in the house.

## **14.—Special Precautions in case of Death—**

Should death occur, the body must, as soon as possible, be placed in a coffin which should be, at once, screwed down; the funeral must take place within forty-eight hours of death. Mourners should not meet in the room in which death took place.

Izal and other disinfectants can be obtained *free of cost* on application at the Town Hall, and the disinfection of rooms will be carried out free of cost. Rooms which have been occupied by a person who has died of Phthisis (Consumption) should be disinfected.

By order of the Committee,

THOMAS FISHER.

Medical Officer of Health.



Table 1. Vital Statistics of Whole District during 1907 and Previous Years.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.			Deaths in Public Institutions in the District.	Deaths of Non-residents registered in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to District.		
		Number	Rate *	Number	Rate per 1000 Births registered.	Number					Rate *	
1	2	3	4	5	6	7	8	9	10	11	12	13
1897	12151	301	24.68	45	149.50	177	14.56				177	14.56
1898	12151	254	20.90	29	114.1	158	13.03				158	13.03
1899	12151	303	24.9	23	75.9	171	14.07				171	14.07
1900	12500	243	19.44	19	78.14	166	13.28				166	13.28
1901	12500	248	23.76	18	72.58	122	11.69				122	11.69
1902	10436	251	24.05	17	67.72	139	13.31				139	13.31
1903	10436	268	25.68	19	71.03	144	13.79				144	13.79
1904	10436	220	21.08	26	59.9	139	13.31				139	13.31
1905	10436	221	21.17	17	76.9	121	11.59	4			121	11.59
1906	10436	240	22.99	14	58.33	138	13.22	5	2	1	132	12.64
Aver- ages for years 1897- 1906	11191.8	254.9	22.3	22.6	81.9	147.5	12.8				146.9	12.7
1907	10436	225	21.55	16	71.1	125	11.79	2		2	127	12.16

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres )  
(exclusively of area ) 57,151  
covered by water )

Total population at all ages, 10436, at Census of 1901

Table 2. Vital Statistics of separate Localities in 1907 and previous years.

Names of Localities.	GARSTANG.				STALMINE.				ST. MICHAEL'S.			
	Population esti- mated to middle of each Year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year
1897	a 6134	b 124	c 79	d 19	a 3245	b 114	c 54	d 17	a 2772	b 63	c 44	d 9
1898	6134	114	73	8	3245	85	55	15	2772	55	30	6
1899		126	90	12		111	40	8		66	41	3
1900		111	80	11		67	38	4		65	48	4
1901	5311	128	71	12	2265	58	21	2	2860	62	30	4
1902	5311	133	72	7	2265	56	28	2	2860	62	39	8
1903	5311	139	76	10	2265	68	31	Nil	2860	61	37	9
1904	5311	102	75	16	2265	54	24	6	2860	64	40	4
1905	5311	113	69	9	2265	50	23	3	2860	58	29	5
1906	5311	111	61	8	2265	65	35	1	2860	64	36	5
Average of Years 1897 to 1906		120.1	74.6	11.2		72.8	34.9	5.8		62.	37.4	5.7
1907	5311	103	68	9	2265	69	30	2	2860	53	29	5



Table 3. Cases of Infectious Disease notified during the year 1907.

Notifiable Disease.	Cases Notified in Whole District.					
	At all Ages.	At Ages—Years.				
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65 65 and upwards.
Diphtheria.....	23		5	14	4	
Erysipelas .....	4					1
Scarlet Fever .....	12		2	9	1	
Enteric Fever .....	5		2		1	2
Totals .....	44		9	23	6	5

Garstang, 21. Stalmine, 8. St. Michael's, 15.  
Isolation Hospital,—Nil, except Elswick Smallpox (Conjoint),

Table 4. Causes of, and Ages at, Death during year 1907.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						
	All ages.	Under year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Diphtheria (including Mem- branous Croup).. ..	1		1				
Epidemic Influenza.. ..	3		1				2
Other septic diseases .. ..	1					1	
Phthisis (Pulm. Tuberculosis)	8			1	3	4	
Other tubercular diseases ..	1				1		
Cancer, malignant disease ..	8					4	4
Bronchitis .. .. .	11	3					8
Pneumonia .. .. .	10	2	1	1	2	3	1
Pleurisy .. .. .	1					1	
Alcoholism, Cirrhosis of Liver	1					1	
Premature birth .. .. .	1	1					
Diseases and Accidents of parturition .. .. .	1					1	
Heart diseases .. .. .	20			2	1	11	6
Accidents .. .. .	4	2		1		1	
Suicides .. .. .	3					3	
All other causes .. .. .	53	8	1	2		11	31
All causes .. .. .	127	16	4	7	7	41	52

Table 5. INFANTILE MORTALITY DURING THE YEAR 1907.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 Month	1-2 months	3-4 months	6-7 months	7-8 months	10-11 months	Total Deaths under One Year.
All Causes	Certified	3	1	1	1	6	4	1	1	2	2	16
	Uncertified											
Premature Birth		1				1						1
Congenital Defects		1				1	1					2
Injury at Birth		1				1						1
Atrophy, Debility, Marasmus				1	1	2	1					3
Convulsions							1					1
Bronchitis			1			1	1		1			3
Pneumonia						1					1	2
Suffocation, overlaying								1				1
Other Causes										1	1	2
Births in the year		3	1	1	1	6	4	1	1	2	2	16

Births in the year { legitimate .....225

{ illegitimate.....We have no record.

Population, Estimated to middle of 1907...10,436  
Deaths in the year of legitimate infants...16

Deaths from all Causes at all Ages...127



## Factories, Workshops, Laundries, Workplaces &amp; Homework.

## 1. INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspections.
Factories (Including Factory Laundries) .. .. .	
Workshops (Including Workshop Laundries) .. .. .	67
Workplaces .. .. .	Nil
Homeworkers' Premises .. .. .	Nil
TOTAL .. .. .	67

## 2. DEFECTS FOUND.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts:—		
Want of cleanliness.. .. .	4	
Want of Ventilation .. .. .		
Overcrowding .. .. .	Nil	
Want of drainage of floors .. .. .	Nil	
Other nuisances .. .. .	Nil	
Total .. .. .	4	

## 5. OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .. .. .	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5)	Notified by H.M. Inspector
Factories .. .. .	
Workshops .. .. .	
Bakehouses .. .. .	
Total number of workshops on register ..	





